

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913324

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7	/		/			
8		6		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13	/		/			
14		1		/		
15		2		/		
16		2		/		
17		2		/		
18		2		/		
19		2		/		
20		2		/		
21		2		/		
22		2		/		
23		2		/		
24		2		/		
25		2		/		
26		2		/		
27		2		/		
28		2		/		
29		2		/		
30		2		/		
31	/		/			
32		/		/		
33		/		/		
34		/		/		
35		/		/		
36		/		/		
37		/		/		
38		/		/		
39		/		/		
40		/		/		
41		/		/		
42		/		/		
43		/		/		
44		/		/		
45		/		/		
46		/		/		
47		/		/		
48		14		/		
49		14		/		
50		14		/		
TOTAL IND.	9		9			
TOTAL DEP.	231		979			
TOTAL CLAIMS	230		988			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52		/		/		
53		/		/		
54		/		/		
55		/		/		
56	/		/			
57		/		/		
58		/		/		
59		/		/		
60		/		/		
61		/		/		
62		10		/		
63		10		/		
64		0		/		
65		0		/		
66		17		/		
67		6		/		
68		1		/		
69		0		/		
70	/		/			
71		/		/		
72		1		/		
73		3		/		
74		3		/		
75		3		/		
76	/		/			
77		/		/		
78		/		/		
79		/		/		
80		/		/		
81	/		/			
82		/		/		
83		/		/		
84		/		/		
85		/		/		
86		/		/		
87		/		/		
88		11		/		
89		11		/		
90		03		/		
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS